UPMC *for Life*

2027 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* Complete Care (HMO DSNP)

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, Medical Assistance (Medicaid), and live in our service area. The service area for this plan includes the following counties in Pennsylvania: **Bradford, Cameron, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Elk, Erie, Forest, Jefferson, Juniata, Lycoming, McKean, Mercer, Mifflin, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union, Venango, and Warren.**

HERE'S THE PLAN

UPMC *for Life*
UPMC Health Plan Medicare Program

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We're here to answer your questions.

Talk to us.

Current members can call us at **1-800-606-8648 (TTY: 711) or chat with us at upmchealthplan.com**

Available hours:
Oct. 1 - March 31: Seven days a week from 8 a.m. to 8 p.m.
April 1 - Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

Not a current member? Call us at **1-866-405-8762 (TTY: 711)**

Available hours:
Oct. 1 - March 31: Seven days a week from 8 a.m. to 8 p.m.
April 1 - July 31: Monday through Friday from 8 a.m. to 8 p.m.
Aug. 1 - Sept 30: Monday through Friday from 8 a.m. to 8 p.m. Saturday from 9 a.m. to 3 p.m.

Find what you need online.

Visit us at upmchealthplan.com/snp where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment

UPMC Health Plan mobile app

Members can use this app to search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC *My*Health 24/7 Nurse Line[1]. Download the app from your device's app store.

UPMC Health Plan member site

This secure member website allows you to see your plan benefits, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, and view claims. Members can create an account at **upmchealthplan.com/register**.

Get started with UPMC *for Life.*

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2027 – Dec. 31, 2027. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at **upmchealthplan.com/snp/shop** or call us to have your Evidence of Coverage mailed to you.



With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You" handbook** that you received in the fall. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048.**

This book includes an HMO SNP (Health Maintenance Organization Special Needs Plan) plan. This is for members who have Medicare and Pennsylvania Medical Assistance full dual eligibility.

To search for your providers in our network, visit upmchealthplan.com/find.

Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations, visit **upmchealthplan.com/legal/privacy/.**

UPMC *for Life* Complete Care

Premium, Deductible and Out-of-Pocket Limit	
Monthly plan premium	$0 per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	$9,850 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible and does not include costs for Part D prescription drugs.
Basic Medical and Hospital Costs	
Inpatient hospital coverage*	$0 per stay
Outpatient hospital coverage*	$0 per service
Ambulatory Surgical Center (ASC) Services*	$0 per surgery
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: $0 per visit, $0 per telehealth visit Specialist: $0 per visit, $0 per telehealth visit
Preventive care	$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
Emergency care	$0 per visit
Urgently needed services	$0 per visit
Diagnostic services/labs*	$0 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): $0 per service; Basic imaging and X-rays: $0 per service

*** Services with an asterisk (*) may require prior authorization.**

Dental, Vision, and Hearing Coverage	
Hearing services[2]	Medicare-covered: $0 per visit; $0 for 1 routine hearing exam per year; $0 for 1 hearing aid fitting per year $0 for 2 hearing aid(s) one per ear, provided by Amplifon per year.
Dental services[3]	Medicare-covered: $0 per visit; $0 for 2 cleaning(s) per year; $0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of up to 4 per calendar year with an Oral Surgeon, limited to 2 per dentist/dental group. Comprehensive and Routine oral exams are offered at a periodicity of 2 every calendar year. $0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every six months. A panoramic x-ray is offered at a periodicity of 1 every 60 months. $4,500 yearly allowance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. See your plan Evidence of Coverage for a complete list of covered dental services.
Vision services[4]	Medicare-covered: $0 per visit; $0 for 1 routine vision exam and 1 contact lens fitting exam per year; $550 allowance for routine contact lenses or eyeglasses, including lens options, per year.

Additional Medical Costs	
Mental health services*	Inpatient: $0 per stay Outpatient therapy: $0 per visit, $0 per telehealth visit
Skilled nursing facility*	$0 per day (days 1-100)
Physical Therapy*	$0 per visit
Ambulance*	$0 per one-way trip

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UPMC *for Life* Complete Care	
Transportation*	$0 for 60 one-way trips (that's 30 round trips) up to 60 miles to plan-approved health-related locations per year
Non-health transportation (SSBCI)[5]	34 one-way trips to plan-approved non-health locations like places of worship, salons, libraries, community centers, banks, funerals, county assistance offices, and Social Security offices for those that qualify.
Medicare Part B drugs*	$0 per drug
Durable medical equipment*	$0 per item
Diabetic supplies*	$0 for preferred diabetic monitors and test strips; $0 per item for non-preferred diabetic supplies
Chiropractic care	Medicare-covered: $0 per service No routine chiropractic care
Podiatry services	Medicare-covered: $0 per visit Routine (unlimited visits per year): $0 per routine visit
Extra Benefits and Services	
UPMC *for Life* Complete Care Shop Healthy Card	**$60** monthly allowance to buy over-the-counter (OTC) products and home safety devices; *(You must qualify for SSBCI for utility and healthy food allowances)*[5] **$40** monthly allowance to pay for utilities (water, gas, electric, heat, sewage, and trash); **$94** monthly allowance for healthy food. Use your card at participating retail stores for OTC products and healthy foods. Use your card to order OTC products through mail-order. You can also use a vendor of your choice to pay for utilities. Make sure your vendor accepts Mastercard. These allowances do not roll over from month to month.
Healthy food kits (SSBCI)[5]	Two boxes of pre-selected healthy food items for those that qualify.
SilverSneakers®	**FREE unlimited gym memberships** and one FREE personal training session each year at participating fitness facilities.

*** Services with an asterisk (*) may require prior authorization.**

UPMC *for Life* Complete Care

Home and Bathroom Safety[6]	Choose up to **five bathroom and home safety products** each year at no cost. Plus, get one **FREE in-home safety assessment** per year with a licensed health care professional.
Personal Counseling	Receive 6 counseling sessions per concern per year through Resources *for Life* at no additional cost.
Caregiver Support	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
Meals	You can get home-delivered meals when you return from an inpatient hospital stay, an observation hospital stay, or a skilled nursing facility stay. Members can receive 28 meals, 2 meals per day for 2 weeks.
Travel Assistance	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
24/7 Video Visits[7] **(virtual visit with a UPMC provider)**	$0 per eVisit

Utilization Management

(UM) Utilization Management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge or visit **upmchealthplan.com/snp/members/coverage-criteria**.

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Prescription Drug Costs

For 2027, the UPMC *for Life* Complete Care (HMO DSNP) formulary will have five levels of drug benefits, also referred to as drug tiers. Learn more about each prescription drug coverage stage and how drug tier costs work below.

Part D deductible stage
Your Part D deductible is $700. If you're in a program that helps pay for your drugs (Extra Help) you do not pay a deductible and will move straight into the initial coverage stage.

Initial coverage stage
Your plan pays for its share of your covered prescriptions during this stage. You have a **$0 copay** for Tier 1 and 2 prescriptions filled at participating pharmacies in the initial coverage stage. For Tiers 3, 4, and 5, you may have a copay, depending on the level of extra help you receive.

<table>
<tr><th></th><th>30-Day Supply</th><th colspan="2">100-Day Supply</th></tr>
<tr><th></th><th>Retail</th><th>Retail</th><th>Mail-Order</th></tr>
<tr><th>Tier</th><th>Standard Pharmacy</th><th>Standard Pharmacy</th><th>Standard Pharmacy</th></tr>
<tr><td>Tier 1
(Preferred Generic)
Tier 2
(Generic)</td><td colspan="3">$0</td></tr>
<tr><td>Tier 3
(preferred brand)
Tier 4
(non- preferred)
Tier 5
(specialty) up to 30-day supply only</td><td colspan="3">$0, $1.65, $5.00, $5.80, or $14.40 (depending on the level of Extra Help you receive. If you do not receive LIS/ Extra Help, prescription costs are 25% coinsurance per fill of medication.)</td></tr>
</table>

Catastrophic coverage stage
Your total yearly drug costs will be capped at $2,400. Once your yearly total out-of-pocket drug costs reach $2,400, you will not pay anything for your drugs. You will stay in this stage through the end of the year.

Pharmacy benefits
Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC for Life member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to **upmchealthplan.com/pharmacyreview/** and submit the form to request a pharmacy review.



Make sure your drugs are covered.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to **upmchp.us/prescription-coverage**.

To view your plan's formulary, check your drugs are covered, and see your costs, you can search for them at **upmchp.us/prescription-coverage** by scanning this QR code or give us a call at the phone number on **page 1.**

Medical Assistance (Medicaid) benefits

Learn more about our benefits at **upmchealthplan.com/snp.**

Individuals who are eligible for UPMC *for Life* Complete Care are also eligible for Medicaid. Most individuals receive Medicaid coverage from a Community HealthChoices Managed Care Organization (CHC-MCO).

The benefit chart below shows what UPMC *for Life* Complete Care covers and what CHC-MCO plans generally cover. **Limits, eligibility requirements, and prior authorization may apply. For detailed information about the coverage and costs for your CHC-MCO plan or other Medicaid plan, contact your Medicaid plan directly.** UPMC *for Life* Complete Care benefits must be used before Medicaid benefits.

Benefit	UPMC *for Life* Complete Care	Community HealthChoices (CHC) Medicaid Managed Care Plans
Inpatient hospital coverage	Covered	Covered
Outpatient hospital coverage	Covered	Covered
Doctor visits	Covered	Covered
Preventative care	Covered For a full listing of preventative services, please see your Evidence of Coverage.	Covered For a full listing of preventative services, please contact your CHC-MCO.
Emergency care	Covered	Covered
Urgently needed services	Covered	Covered
Diagnostic services/labs	Covered	Covered
Imaging	Covered	Covered
Hearing services	Covered For detailed coverage information, see your Evidence of Coverage or the benefit chart that starts on page 5 of this booklet.	Covered Contact your CHC-MCO for more information on covered hearing services.

Benefit	UPMC *for Life* Complete Care	Community HealthChoices (CHC) Medicaid Managed Care Plans
Dental services	Covered For detailed coverage information, see your Evidence of Coverage or the benefit chart that starts on page 5 of this booklet.	Covered Contact your CHC-MCO for more information on covered dental services.
Vision services	Covered For detailed coverage information, see your Evidence of Coverage or the benefit chart that starts on page 5 of this booklet.	Covered Contact your CHC-MCO for more information on covered vision services.
Mental health services	Covered	Not covered by CHC. Contact your CHC-MCO and BH-MCO for details.
Skilled Nursing Facility (SNF)	Covered	Not Covered Contact your CHC-MCO for information about short term nursing facility coverage
Physical, speech, and occupational therapy	Covered	Covered
Ambulance	Covered	Covered
Treat no transport	Not Covered	Not Covered
Transportation	Covered For more detail see your Evidence of Coverage or the included benefit chart that starts on page 5 of this booklet.	Not covered by CHC in most circumstances. Contact the Medical Assistance Transportation Program (MATP) or your CHC-MCO for medical transportation information.
Ambulatory surgery center	Covered	Covered

Benefit	UPMC *for Life* Complete Care	Community HealthChoices (CHC) Medicaid Managed Care Plans
Prescription drugs	Covered For more detail on Part B and Part D prescription drugs, see your Evidence of Coverage and the included prescription drug costs chart on page 9 of this booklet.	Covered Contact your CHC-MCO for more information on prescription drug coverage and costs. Part D prescription drugs are not covered.
Over-the-counter (OTC) items	Covered For more detail see your Evidence of Coverage or the included benefit chart that starts on page 5 of this booklet.	Covered with a prescription. Contact your CHC-MCO for more information on which OTC medications are covered.
Durable medical equipment	Covered	Covered
Prosthetics and orthotics	Covered	Covered
Diabetes supplies	Covered	Covered
Chiropractic care	Covered for Medicare-covered services. Not covered for routine chiropractic services.	Covered
Podiatry services	Covered For more detail see your Evidence of Coverage or the included benefit chart that starts on page 5 of this booklet.	Covered
Telehealth (virtual visits)	Covered For more detail see your Evidence of Coverage or the included benefit chart that starts on page 5 of this booklet.	Covered Contact your CHC-MCO for more information about Telehealth coverage
Fitness membership	Covered	Not covered
Caregiver support services	Covered	Not Covered
Case management	Covered	Covered

Benefit	UPMC *for Life* Complete Care	Community HealthChoices (CHC) Medicaid Managed Care Plans
Family planning services	Not covered	Covered
Outpatient substance abuse services	Covered	Not covered by CHC. Covered by Behavioral Health Managed Care Organizations (BH-MCO). Contact your BH-MCO for details.
Partial hospitalization (mental health)	Covered	Not covered by CHC. Covered by Behavioral Health Managed Care Organizations (BH-MCO). Contact your BH-MCO for details.
Renal dialysis	Covered	Covered
Home health services	Covered	Covered
Palliative care	Not covered	Not covered
Hospice care (Medicare certified)	Covered outside of our plan. For more information see your Evidence of Coverage or contact UPMC for Life. Contact information is on page 3 of this booklet.	Covered
Long-term nursing facility	Not covered	Covered Individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE). Contact your CHC-MCO for more information.

Benefit	UPMC *for Life* Complete Care	Community HealthChoices (CHC) Medicaid Managed Care Plans
Home and Community Based Waiver Services (HCBS)	Not covered	Covered Individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE). Contact your CHC-MCO for more information.
Home and Bathroom safety items	Covered For more information see your Evidence of Coverage.	Covered if eligible for HCBS. Contact your CHC-MCO for more information on home safety items.
Personal Emergency Response System (PERS)	Covered For more information see your Evidence of Coverage.	Covered if eligible for HCBS. Contact your CHC-MCO for more information on PERS.
Post-discharge meal benefit	Covered For more information see your Evidence of Coverage.	Covered if eligible for HCBS. Contact your CHC-MCO for more information on home delivered meals.

*Services with an asterisk (*) may require prior authorization.

[1]UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC *My*Health 24/7 Nurse Line. The UPMC *My*Health 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

[2]Members must use a participating Amplifon hearing provider for covered hearing aid(s). Go to **upmchealthplan.com/find** to find participating hearing providers.

[3]Members must use a participating dental provider. Go to **upmchealthplan.com/find** to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

[4]The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

[5]These benefits are part of the Special Supplemental Benefits for the Chronically Ill (SSBCI) program. To be eligible, members must have an eligible chronic condition, meet the criteria for indicating risks for adverse health outcomes and care coordination needs, and qualify for Low-Income Subsidy (LIS). Members must have one of the following chronic illnesses: chronic/disabling mental health conditions, conditions with functional challenges, obesity, cardiovascular disorders, substance use disorders, diabetes, or other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

[6]UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

[7]UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to the provider's availability and discretion. Members who are not in Pennsylvania at the time of service may receive care from a provider employed by or contracted with UPMC. This service is not available to members in Puerto Rico.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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